

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)	10/088594	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.
1	1						51		
2	1						52		
3	1						53		
4		3					54		
5	1						55		
6		03					56		
7		03					57		
8		03					58		
9		03					59		
10		03					60		
11		03					61		
12		03					62		
13		03					63		
14		03					64		
15		03					65		
16		03					66		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		4				TOTAL IND.			
TOTAL DEP.		378				TOTAL DEP.			
TOTAL CLAIMS		382				TOTAL CLAIMS			